



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 8/29/20	19			
REQUEST SUBMITTED BY:	● E-MAIL	OU.S. MAIL	O FAX	OIN-PERSON
NAME OF REQUESTER : Wes	t Easton Borou	gh Constable		
STREET ADDRESS :				
CITY/STATE/COUNTY/ZIP(Re	quired): West	Easton, PA		
TELEPHONE (Optional):				
RECORDS REQUESTED: *Pro Please use additional sheets		cific detail as possible	so the agency	can identify the information.
1. In accordance with your of that you claim exist between members for Mr. Dees vexa. The phone records should be about this official matter from	n council memb cious RTK requ e from all cell p	ers and the allege lestor resolution, a phones or borough	d "backing" o as stated in th	of PSAB and its 1,400 ne July 8 meeting minutes.
DO YOU WANT COPIES? YES DO YOU WANT TO INSPECT DO YOU WANT CERTIFIED CO	THE RECORDS			
		OPY OF THIS REQ		

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER: Joan Heebner

DATE RECEIVED BY THE AGENCY: 8-30-2019

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: 9-9-19

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)